MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

36034

1. PLACE OF DEATH
County **Cole**
Township
City **Jefferson**

Registration District No. **213**
Primary Registration District No. **3014**

File No. **252**
Registered No.

2. FULL NAME **Billy Sue Phillips**   **Brumley mo**

(a) Residence, No. _____ St., _____ Ward. (If nonresident, give city or town and State) **Brumley mo**
(Usual place of abode)
Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U.S., if of foreign birth? _____ yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH

3. SEX **Female** | 4. COLOR OR RACE **White** | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **S**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Nov. 14, 1933**

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF

22. I HEREBY CERTIFY, That I attended deceased from **Nov 14, 1933** to **Nov 14, 193_**
I last saw h___ alive on _____, 19___. Death is said
to have occurred on the date stated above, at **10 A**m.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Sept 12-33**

7. AGE | YEARS **1** | MONTHS | DAYS **26** | IF LESS than 1 day, ___ hrs. or ___ min.

The principal cause of death and related causes of importance were as follows:

Broncho Pneumonia
07A Terminal to
15B Starvation - Malnutrition
Since birth.

Other contributory causes of importance
Due to Malnutrition
only few profits
death

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

Name of operation _____ Date of _____
What test confirmed diagnosis? **Clinical** Was there an autopsy? **No**

12. BIRTHPLACE (CITY OR TOWN) **Brumley mo**
(STATE OR COUNTRY)

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19___
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

FATHER 13. NAME **Unknown**
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME **Lula Phillips**
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Miller Co mo**

Manner of injury _____
Nature of injury _____

17. INFORMANT (ADDRESS) **Miss Lula Phillips**
Brumley mo

18. BURIAL, CREMATION, OR REMOVAL **Brumley mo** DATE **Nov 15 33**
PLACE

24. Was disease or injury in any way related to occupation of deceased? **No**
If so, specify _____
(Signed) **Jas A. Hall** , M.D.

19. UNDERTAKER (ADDRESS) **Lawson-Lawson**
Jeff City mo

20. FILED **12/6/ 1933** **Geo Bradford** Registrar

(Address) **Jefferson City Mo**